

DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES

Agency Address _____

Agency Phone # _____

Fax Numbers # _____

Response Sheet for Essential PCP Information

Consumer's Name: _____ Provider: _____

Prepared by: _____ Date: _____

PCP Facilitator Name: _____

Total number of essential forms that the information below represents: _____

List the person(s) who submitted this tool: _____

Please check all the elements you feel should be included in the plan. If "Other", please specify.

A. Case Management

- ☐ Case Management
 ☐ Family support
 ☐ Other

B. Communication

- | | | |
|---|--|---|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Behavior as communication | <input type="checkbox"/> Total communication environment |
| <input type="checkbox"/> Training for staff and support persons | <input type="checkbox"/> Behavioral components | <input type="checkbox"/> Dictionary of communicative intent |
| | <input type="checkbox"/> Facilitated communication | <input type="checkbox"/> Manual communication backup |
| | <input type="checkbox"/> Picture exchange programs | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Primary language other than English | |
| | <input type="checkbox"/> Sign language | |
| | <input type="checkbox"/> Visual-gesture communication | |

C. Community Activities

- | | | |
|---|--|---|
| <input type="checkbox"/> Meeting friends | <input type="checkbox"/> Social opportunities/events | <input type="checkbox"/> Volunteer opportunities |
| <input type="checkbox"/> Including friends | <input type="checkbox"/> Vacation | <input type="checkbox"/> Church/other places of worship |
| <input type="checkbox"/> Leisure activities | <input type="checkbox"/> Classes/educational experiences | <input type="checkbox"/> Clubs & other social civic organizations |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Natural supports | <input type="checkbox"/> Other |

D. Day/Evening Services

- | | | |
|--|--|--|
| <input type="checkbox"/> Center based day program | <input type="checkbox"/> Retirement day program | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Community based day program | <input type="checkbox"/> Efforts toward employability | <input type="checkbox"/> Volunteer opportunities |
| <input type="checkbox"/> Home based day program | <input type="checkbox"/> Adult Education/Other classes | <input type="checkbox"/> Other |

E. Education

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Private School | <input type="checkbox"/> Graduation/or Date leaving school _____ | <input type="checkbox"/> Other |
| <input type="checkbox"/> Public School | <input type="checkbox"/> Transition Plan | |

F. Environmental Modification/Adaptive Equipment

- | | | |
|--|--|--|
| <input type="checkbox"/> Any piece of equipment which will enhance activities of daily living. | <input type="checkbox"/> Special glasses | <input type="checkbox"/> Equipment repairs and upgrades |
| <input type="checkbox"/> Communication boards | <input type="checkbox"/> Adaptive equipment/technology | <input type="checkbox"/> Interim plan for times electronic equipment is down |
| <input type="checkbox"/> Environmental modifications/special accommodations | <input type="checkbox"/> Communication equipment resources | <input type="checkbox"/> Other |

G. Evaluation and Treatment Services

- | | | |
|---|---|---|
| <input type="checkbox"/> Crisis services | <input type="checkbox"/> Behavioral (assessment/plan) | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Hearing | <input type="checkbox"/> Durable medical equipment |
| <input type="checkbox"/> Specialized medical services/home health | <input type="checkbox"/> Medications | <input type="checkbox"/> Safety and positioning devices |
| <input type="checkbox"/> Therapies (occupational therapy, physical therapy, speech therapy) | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Psychiatric | |

H. Financial

- | | | |
|---|--|--|
| <input type="checkbox"/> Adequacy of personal financial resources | <input type="checkbox"/> Accessing federal/state/local assistance programs | <input type="checkbox"/> IRWE (impairment related work expenses) |
| <input type="checkbox"/> Agency budget constraints | <input type="checkbox"/> Contingency funds | <input type="checkbox"/> Pass (plan for achieving self-support) |
| <input type="checkbox"/> Agency financial resources | <input type="checkbox"/> Family support funds | <input type="checkbox"/> Similar programs |
| <input type="checkbox"/> Money management | <input type="checkbox"/> Mortuary trust | <input type="checkbox"/> Other |
| <input type="checkbox"/> Representative payee | <input type="checkbox"/> Other financial resources | |
| | <input type="checkbox"/> Personal spending money | |

I. Legal/Regulatory

- | | | |
|---|---|--|
| <input type="checkbox"/> Advanced directives | <input type="checkbox"/> Behavior plan and approval process | <input type="checkbox"/> Evaluation for guardianship determination |
| <input type="checkbox"/> DNR (do not resuscitate) order | <input type="checkbox"/> Law enforcement involvement | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Knowledge of rights | <input type="checkbox"/> Restraints | <input type="checkbox"/> Pending grievances/unresolved issues |
| <input type="checkbox"/> Power of Attorney (POA) | <input type="checkbox"/> Restrictions | <input type="checkbox"/> Other |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Violation of rights | |

J. Personal Supports

- | | | |
|--|--|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Clothing | <input type="checkbox"/> Funeral planning |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Pets | <input type="checkbox"/> Self advocacy |
| <input type="checkbox"/> Correspondent | <input type="checkbox"/> Making decisions and choices (clothing, food, recreation, etc.) | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Involvement with unpaid support | <input type="checkbox"/> Sexuality | <input type="checkbox"/> Voting |
| <input type="checkbox"/> Natural supports | <input type="checkbox"/> Spirituality | <input type="checkbox"/> Other |
| <input type="checkbox"/> Neighbors | <input type="checkbox"/> Consumer wishes/dreams | |

K. Residential

- | | | |
|--|--|---|
| <input type="checkbox"/> Expertise of staff | <input type="checkbox"/> Provision of services as budgeted/planned | <input type="checkbox"/> Harmony of environment |
| <input type="checkbox"/> Special staffing requirements | <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Personal living space |
| <input type="checkbox"/> Staffing/supervision | <input type="checkbox"/> Compatibility of house mates | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Household safety | <input type="checkbox"/> DHS care plan | <input type="checkbox"/> Other |
| <input type="checkbox"/> Need for adaptive equipment | | |

L. Safety

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical administration | <input type="checkbox"/> Access to emergency assistance | <input type="checkbox"/> Safety accommodations |
| <input type="checkbox"/> Training for self-administration | <input type="checkbox"/> Emergency evacuation | <input type="checkbox"/> Street/community |
| <input type="checkbox"/> Personal identification | <input type="checkbox"/> Emergency information | <input type="checkbox"/> Vulnerability to victimization |
| <input type="checkbox"/> Personal safety | <input type="checkbox"/> Screenings/immunizations | <input type="checkbox"/> Other |
| <input type="checkbox"/> Special supervision needs | <input type="checkbox"/> Safety | |

M. Skill Building

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Accessing community services | <input type="checkbox"/> Toward more independence/self advocacy | <input type="checkbox"/> Other |
|---|---|--------------------------------|

N. Surrogate

- | | | |
|--|---------------------------------------|--------------------------------|
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Guardianship | <input type="checkbox"/> Other |
|--|---------------------------------------|--------------------------------|

O. Transportation

- | | | |
|---|--|--|
| <input type="checkbox"/> Community activities | <input type="checkbox"/> Church | <input type="checkbox"/> For using transportation safely |
| <input type="checkbox"/> Program services | <input type="checkbox"/> Recreation | <input type="checkbox"/> Independent use of transportation |
| <input type="checkbox"/> To work | <input type="checkbox"/> Visiting family/friends | <input type="checkbox"/> Other |
| <input type="checkbox"/> Wheelchair safety | | |

P. Work

- | | | |
|--|--|--|
| <input type="checkbox"/> Job assessment | <input type="checkbox"/> Job in the community
with/without job coaching | <input type="checkbox"/> Real work for real pay in
integrated setting |
| <input type="checkbox"/> Vocational rehabilitation
referral | <input type="checkbox"/> Sheltered employment | <input type="checkbox"/> Relationships with co-workers |
| <input type="checkbox"/> Enclave | <input type="checkbox"/> Pay/rate of pay | <input type="checkbox"/> Other |

Comments

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.**Please return by:**

Insert Return Date



Insert Name & Address

Insert PHONE # _____

FAX: # _____

Insert E-Mail: _____

**Mark your calendar now.
PCP is scheduled for:**

**Insert Date of
PCP**

Insert Time of PCP

Where:

Insert Address or Place of
PCP